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CONFIRMATION NO. 4165

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/722,060 | FILING DATE<br>11/25/2003<br><br>RULE | CLASS<br>562 | GROUP ART UNIT<br>1625 | ATTORNEY<br>DOCKET NO.<br>TOMK-0001<br>(122359.00003) |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/10/2004

|  |   |                                |                   |                       |                            |
|--|---|--------------------------------|-------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>20</i> | STATE OR<br>COUNTRY<br>IRELAND | SHEETS<br>DRAWING | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>9 |
|--|---|--------------------------------|-------------------|-----------------------|----------------------------|

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TITLE

Anti-viral compounds

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>853 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
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